


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90572 047 \*\*\*\*61.25

400J00034

<b>DOCUMENT # 711539</b>					
1. Entity Name <b>GREATER MIAMI SHORES CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business 9701 NE 2ND AVE. MIAMI SHORES, FL 33138 US			Mailing Address 9701 NE 2ND AVE. MIAMI SHORES, FL 33138		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-0822321				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOLI, LEWIS E. 9701 NE 2ND AVENUE MIAMI SHORES, FL 33138			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, S. LOWRY DDS		NAME		
STREET ADDRESS	2000 TOWERSIDE TERR., #906		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTON, SPERO		NAME	DR. J. PATRICK LEE	
STREET ADDRESS	2501 SW 145TH AVE., SUITE 200		STREET ADDRESS	11300 NE 2ND AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	MIAMI SHORES, FL 33161	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, DAVID H		NAME	WATERMAN, LYNN S.	
STREET ADDRESS	2400 N. COMMERCE PKWY, SUITE 100		STREET ADDRESS	9701 NE 2ND AVE.	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEVE CPA		NAME		
STREET ADDRESS	9165 PARK DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLY, HERTA		NAME		
STREET ADDRESS	9660 NE 5TH AVENUE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORESBERRY, DOUGLAS		NAME		
STREET ADDRESS	9204 NE 6TH AVE-		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.					
<b>SIGNATURE:</b> <i>Lewis E. Soli</i>		4/15/05		305-754-5466	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	